





## **Literacy for Folklore and Cultural Reformations: It's Perspective in the Control of HIV/AIDS**

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### **ABSTRACT**

Since the inception of HIV/AIDS Programmes, massive awareness campaigns aimed at educating the populace on the dangers of HIV/AIDS have been on. It is observed that these awareness campaigns have not been matched with corresponding change in behaviour modification. Reports on HIV sentinel surveillance survey on Akwa Ibom State revealed a prevalence rate of 12.5% in 1999, 10.7% in 2001, 7.2% in 2003 and 8.0 in 2005. It is also documented that the Sub-Saharan African region records 2/3 of the total infection globally and constitutes 83% of death in the global index. The marginal increase from 7.2% to 8% in Akwa Ibom State and the high prevalence rate in the Sub-Saharan African is disturbing. This increase, as a matter of fact, is traceable to certain cultural/folklore inbuilt in lifestyles which has refused to change significantly with time. The writers advocate literacy for Folklore and Cultural Reformation viz a viz – Cultural dialogue and Behaviour Change Communication for HIV/AIDS Awareness, prevention and management. The paper argues that this approach could stem the alarming spread of HIV/AIDS, and its scourge on humanity.

### **INTRODUCTION**

The gravity of health problem posed by Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) in the Sub-Saharan Africa, and in Nigeria in particular, cannot be overemphasized particularly since there is no known cure for the disease. Achalu (1996), Getso (2004) and Hall (1994) pointed out that AIDS has no cure; and the high rate of infection can be attributed to the fact that people are significantly deprived of relevant health information. To be free from the infection therefore, one must adhere to the prevention and control measures because 'prevention is better than cure'.

### ***Literacy for Folklore and Cultural Reformations***

Certain obnoxious culture and folklore have been found as significant factors that exert positive or negative influence on the issue of HIV/AIDS. "Culture" refers to the customs, beliefs, arts, way of life and social organization of a particular country or group of people (Hornby & Wehmeier, 2000). It includes the music and literature thought of as a group of people, and the attitude about something shared by people in a particular group. It encompasses the customs of the society, norms, beliefs, tales, rules and regulations, attitudes, styles, and values that regulate people's behaviour and dictate the pattern of interactions in the society. Folklore comprise of the traditional beliefs and tales relating to a country or community. Folklore is seen as a channel of education that conveys what the culture values.

The newborn child is bestowed with primitive personality consisting of libidinal urges as sources of his psychic energy. He has no conscience, no moral rules but seeks only immediate gratification of his impulses. As the child grows and interacts with environment, the family, religious, traditional and socio-cultural environments set standards that shapes the child selfish urge that exist in the unconscious mind (Good & Brophy, 2001). Depending on the cultural set up, the child can grow up well developed with sound health principles, or he may fail to do so. Culture therefore has either positive or negative influence on people's behaviour and attitude. The approach to HIV/AIDS awareness, prevention and management is determined to a higher extent by the socio-cultural factors. It is rather difficult for a person to acquire and assimilate the basic facts about HIV/AIDS when he is mentally ill-equipped with cultural misconceptions firmly held.

Literacy, according to Hornby and Wehmeier (2000), is the ability to read and write. It empowers people to develop reading culture and this depends on the types of books and reading materials available to them to expose themselves to new and scientific practices other than what tradition provides. Thus literacy serve to remodel their attitude to cultural practices that are obnoxious. This, makes room for cultural adjustments and reformations.

#### **Epidemiological Reports from HIV/AIDS Survey**

The United Nations AIDS (UNAIDS) Global Reports (2004), documented that 26.1 million people worldwide are infected with HIV/AIDS. In Nigeria, 4.5 million people have been infected. The number of people who have developed full blown AIDS has been estimated to be approximately 2.7 million. The burden of HIV/AIDS has exerted negative impact on economy, education, security, politics, health, productivity and development of individuals, families, communities, nations and the universal community at large.

HIV/AIDS is among the sexually transmitted diseases, which is one of the major cause of illness in the world today especially in a developing country like Nigeria. The disease inflicts the scourge of pain, organ and tissue damage, disabilities such as paralysis, blindness, deafness, infertility,

mental disorders or even death on individuals (Akwa Ibom State Action Committee on HIV/AIDS (AKSACA), 2005 and Willis, 2002). Another important area of concern is that the disease has a high prevalent rate (60%) among adolescents aged 15-24 years in Nigeria and in the Sub-Saharan Africa (FMOH, 2002 & Willis, 2002). The high rate of infection among the youths has been traced to the fact that the youths are significantly deprived of relevant health information that should guide them in making informed decisions and choices in life.

### **Socio-cultural factors and HIV/AIDS**

Culture can motivate or deter a person from accepting the basic scientific facts about HIV/AIDS. Culture can exert influence on the background and belief system, religion, taboos, diets, traditional practices, norms, values, communication system, folklore, music and poetry of a particular society where one lives. In a case study conducted by Maputo in conjunction with UNESCO (2002) on HIV/AIDS and care in Manga and Morrumbala Districts of Mozambique, the respondents reported the support and upheld of certain beliefs and practices that favour the spread of HIV/AIDS. Seventy eight (78%) respondents in Manga and Morrumbala (92.7%) reported liberal use of alcohol during parties in their culture, to impair people to engage in casual sex. Morrumbala (95.4%) reported smoking of Marijuana in their culture which also impair people sense of judgement. Manga (88.1%), Morrumbala (89.2%) reported prevalence of extra-marital affairs in their community. Probing into pre-marital sex, Manga (95.5%) and Morrumbala (86.2%) reported its prevalence in their community. These indicates a culturally permissive society for morality and infidelity, that enhance the spread of HIV/AIDS.

In a similar research conducted in South Africa by Henry Kaiser Family Foundation in 2001, it was documented that appalling levels of ignorance still prevailed in that country after a decade of HIV/AIDS. Their reports showed that culturally, the topic of sex remains a taboo in most households and many parents feel squeamish about tackling it head on. The report also indicated that culturally, however, taboo of not discussing sex issues within family households does not prevent young boys from believing it is their right to have sex when their 'partner' says no. The research also showed that one out of every three girls is forced to have sex, and that boys thought the girls should protect themselves (Taitz, 2001). Akeroyd (1997) enumerated the multi-contingent risks that are associated with HIV/AIDS to include a culture where there is minimal access to HIV/AIDS information and education. This reduces the potential for people from such culture to acquire the basic knowledge on facts of HIV/AIDS.

In a study in India, UNAIDS (2004) reports on global AIDS Epidemic carried that, the country's capacity to provide sexual and reproductive health services to young people faces the twin constraints of cultural resistance to open discussion on sexuality and an overall lack of basic knowledge about it.

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The report also carried that although sex education is part of school AIDS Education in that country, some state officials dilute the messages they disagree with because of their culture and leaders often avoid topics that make them uncomfortable. The report further pointed out that because of their culture, young people seeking information are scolded or face judgemental health providers. However, since sexual services frequently offer little privacy and confidentiality in such culture, young people often seek substandard or illegal information and services from elsewhere.

It is also observed that most of the questions asked about sex by the young ones are brushed aside, leaving the question unanswered. It is important to note that, most of the questions asked by children (of all levels) out of their curiosity focused on their safety and security about the matter. Anwana (2001) observed that most often fundamental questions asked about sex by children are brushed aside, and that this increases their curiosity to seek information from the peer who may feed them with negative information. This could be attributed to lack of sound education on the part of the parents and their inability to gather adequate information from wide sources of readable materials.

Udosen (2005), enumerated the cultural and traditional practices, and value system found to fuel the spread of HIV/AIDS in Akwa Ibom State to include:

- i. Male chauvinism/dominance
- ii. Male child preference
- iii. Widow inheritance
- iv. The want of many children from different women
- v. Traditional delivery system
- vi. Child labour
- vii. Female circumcision
- viii. Male circumcision
- ix. Blood oath
- x. Surrogate mothering
- xi. Over-zealous religious practices
- xii. Sucking of child's nose by caregivers
- xiii. Friend's wife inheritance

There are certain songs and tales proliferating in the nooks and crannies of the society that seems to praise and applause those who practice immorality, infidelity, male chauvinism/dominance, male child preference, widows inheritance, friend's wife inheritance, obnoxious male/female circumcision and traditional delivery system. The appreciation of such songs are fueling factors for HIV/AIDS. Other obnoxious practices prevalent are quackery, which involve exchange of unsterile surgical instruments, syringes and needles. Ajibola (2004) in his review of obnoxious traditional practices in Nigeria noted that taking of blood oath is a risk factor to HIV/AIDS. Pennington (2006) in her study of HIV/AIDS in Nigeria reported a cultural factor that 60% of all Nigerian women experience female genital mutilation (FGM). Where FGM is handed down by culture, people stand the chance of

upholding such culture and encoding it as normal practice to be handed down from generation to generation. Gender inequality is a socio-cultural factor that contributes to the spread of HIV/AIDS. Poverty, fear that culminates from female gender discrimination fuels the spread of HIV/AIDS. Olaseha & Aloe (1998) and UNAIDS (2004) reported that more than 80% of the HIV persons are females.

The United Nations (UN) Secretary-General (Annan, 2005) on the World's Population Day 2005 asserted that, "when discrimination prevents true equality, the consequences are grave". Annan observed that millions of girls are missing from the population because parents preferred the birth of sons, and that more than 50% of girls and boys are out of school, denied their right to education and keys to better life and impoverishing the communities in which they live. He remarked that HIV/AIDS flourishes in situations of gender inequality where women (young, old, single and married) suffer the consequences of not being in a position to protect their sexual rights and seem to have limited power when it comes to negotiating sexual relationship. Reacting to the situation, Annan appealed to people all over the world to resolve to empower women and girls by activities/plans that promote gender equality.

Akeroyd (1997) and McNamara (1997) in studies on socio-cultural aspect of AIDS in Africa found that due to the cultural taboos on discussing sexual matters at home, across generations or even with other women, single or groups, many women are unaware that they have HIV problem. Willis (2002) also, reported on a study in one region in Uganda, which about 50% of 13-18 year old girls were infected; 40% more than males in that area.

UNAIDS (2004) reported that in Trinidad and Tobago, the number of females between 15-19 years old with HIV/AIDS is five times higher than among males. Spinney too, in (1999) opined that teenage and young women are up to six times more likely to be infected with HIV as same age males. This, points to the stereotyped female gender discrimination dictated by the culture. This gender difference exists in age, class, religion, education and income in most African countries (United Nation's News Centre, 2005). Many females are denied the basic opportunity and avenues to read and write which could have provided them with the basis to appropriate education.

### **Literacy for Cultural/Folklore Reformations on the Prevention; and Management of HIV/AIDS**

Cultural reformation and re-orientation through dialogue and advocacies is the key to solving HIV/AIDS problem since these are the basic principles that shape the lives of individuals. Practical mass literacy campaign will empower people to develop reading culture which could enhance the reasoning and capability necessary for the appreciation of aesthetic cultural and civil values (FRN, 1998). Nevertheless, literacy itself is not an end, it is a means to an end. Literacy does not itself abolish obnoxious cultural practices/values. For example, the issue of multiple sex partners still exist

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among some literate individuals, superstitious beliefs that make some people to attribute HIV/AIDS to other things like witches are also found among the literates. But then, literacy opens people's eyes and introduce them to pools of information and knowledge pieces that could bring about a change in their attitude and dispositions.

Mass literacy will enhance understanding of the dangers in taking blood oath, female circumcision, unhygienic male circumcision, quackery, promiscuity, infidelity, widows inheritance, friend's wife inheritance, male chauvinism/dominance, deprivation of female right to inheritance, and other lifestyles like unaesthetic folklore, music and poetry that seem to sensitize people to value those practices. Through mass literacy therefore, cultural/traditional influential leaders will be appropriately exposed to value what is healthy and be involved in healthy resolutions/plans in those things that touch their health needs. Hence the de-sensitization of the minds of people to refrain from harmful practices and values will be effected by the cultural institutions. Mass literacy will promote the reading and publication of several media prints that will enhance public attitudinal change towards HIV/AIDS persons. It will lead to wider understanding of the effects of stigmatization and discrimination on the spread of the disease among greater majority of the people. This will motivate the masses to demonstrate love, concern and care for the infected persons.

When discrimination prevails, there is a tendency for HIV persons not to disclose their HIV status to partners, friends or relations and this can extend to their infecting other people. Literacy too will broaden the horizon of people to select foodstuff that could provide adequate nutritional support in the daily management of HIV/AIDS persons. Literacy will enhance the ability to appreciate and understand how to combine moderate exercise (physical activity) for healthy functioning of the body. Through education HIV/AIDS persons, relations and friends will be better equipped with knowledge on how to handle the fears and anxieties associated with the disease. Education gained through literacy enhances the cultivation of good humour among the infected persons. Such people are those usually engaged to educate the masses on their life experiences.

Literacy will empower HIV/AIDS persons to be enlightened on the fact that they are still human beings with full dignity and human right, thus it will remove the withdrawal state associated with infected persons knowing well that they are still individuals with full dignity and human right. With adequate knowledge, gained through the ability to read, infected persons, relations and community members are aware of positive living strategies. Being accorded human dignity and right, the infected person is liable to continue with his/her healthy vocation and this enhances the economic productivity and development of the entire society.

Safety and security needs play a vital role in human existence among the five categories of human needs propounded by Abraham Maslow in (Anwana, 2001). This points to the need to provide realistic wholesome education (formal or informal) in the family/cultural setting right from the time the

child starts asking questions about sex and other important issues in life. Adequate answers should be given, as it gives the child a sense of safety and security about the matter. As Erik H. Erikson rightly said, the child's resolution of conflicting ideas enhances his adaptive-oriented aspect of personality (Robert Coles, 2001). Thus, the child became secured in developing positive traits in life nurtured from his family/cultural setting. This inhibits the child from engaging in behaviours and lifestyles that fuel the spread of HIV/AIDS. The ability to gain knowledge from wide arrays of readable media resources, and the ability to write down basic scientific facts through publications enhances the provision of realistic scientific facts on important issues about HIV/AIDS and other related education.

Cultural/folklore organizations should be transformed through mass literacy. This mass ability to read and write will aid in mass awareness for people to see the need to be involved in plans to empower women and promote gender equality. Females will be given equal right to education and economic development. This will liberate the women folk from the potential to indulge in unprotective sex usually engaged out of poverty, want or fear. Thus HIV/AIDS will be prevented.

### **CONCLUSION AND RECOMMENDATIONS**

It is believed that the society is dynamic in nature therefore it could be changed through appropriate re-orientation and reformation of certain cultural values. Those folklore, which promote the practices of obnoxious lifestyles could be modified to reflect new value orientation. Education planners, governments and non-governmental organizations should collaborate, plan and effectively organize both human and material resources for functional mass literacy. The masses should also be mobilized for good utilization for literacy programmes. Educators and other stakeholders on HIV/AIDS campaign should focus their attention on liaising with the cultural/folklore ethics and attitudinal orientation institutions in every society to study and analyze the cultural practices and sort out those that fuel the spread of HIV/AIDS. Campaigns should focus on dialogues and advocacies to create awareness on recognizing the effects of obnoxious beliefs and practices on health, this will facilitate attitudinal change and create room for cultural adjustments and reformations.

### **REFERENCES**

- Achalu, E. I. (1996). Facts about AIDS and other sexually transmitted diseases. Ibadan: African University Press Library.
- Ajibola, C. A. (2004). Harmful traditional practices and health. In B. O. Ogundele (Ed.), Problems in health education. (Pp. 13-24). Ibadan: Codat Publication).



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- Akeroyd, A. U. (1997). Socio-cultural aspects of AIDS in Africa: Occupational and gender issues. In G. C. Bond, J. Krenishe, I. Susser, and J. Vincent (Eds.). *AIDS in Africa and the Caribbeans* (pp. 11-24). Boulder, Colorado: Weslview Press.
- Akwa Ibom State Action Committee on HIV/AIDS (AKSACA) (2005). Editorial SACA News 1 (1 Nov./Dec.), 1, 2 and 4.
- Annan, K. (2005). World Population “equality empowers” United Nations Population Fund in the News – The Week of Population Day. July 11, 2005.
- Anwana, U. I. (2001). *Psychology: Aspects of human development* (2<sup>nd</sup> ed.). Enugu: Academic Publishing Company.
- Federal Republic Nigeria (1998). *National Policy on Education* (3<sup>rd</sup> ed.). Yaba, Lagos NERDC Press.
- Getso, A. M. (2004). Nigerian schools and HIV: The team approach solution. *Nigerian School Health Journal*, 16 (1 & 2), 1 – 9.
- Good, T. A. & Brophy, J. (2001). Education: Educational Psychology. *The Encyclopedia Americana*. (International ed.). 9: 699. Danbury: Grolier.
- Hall, P. (1994). *Health skills for wellness*. New Jersey: Eagle Wood Cliffs.
- Hornby, A. S., & Wehmeier, S. (2000). *Oxford advanced learner’s dictionary of current english* (6<sup>th</sup> ed.). New York: Oxford University Press.
- Maputo and UNESCO (June 2002). *HIV/AIDS prevention and care in Mozambique: A socio-cultural approach. Literature and Instructional Assemblies and Case Studies on Manga, Sofa La Province and Morrumbala District, Zabezia Province, Mozambique.*
- Mc Namara, R. (1997). Female genital health and risk of HIV transmission. In G. C. Bond, J. Kreniske, I. Susser, & J. Vincent (Eds.), *AIDS in Africa and the Caribbeans*. (pp. 119). Colorondo: Weslview Press.
- Olaseha, I. O., & Aloe, A. A. (1998). Knowledge, attitude and risky behaviour of adolescent students towards AIDS prevention and control in Ibadan city, Oyo State, Nigeria. *Nigerian School Health Journal*, 8 (1), 22-34.
- Pennington, J. (2006). *HIV/AIDS in Nigeria*. Last updated February 1, 2006. Retrieved on 03-03-07. From <http://www.avert.org/aids-nigeria.html>.
- Robert-Coles, M. D. (2001). Erik Homburger Erikson (American Psychologist). *Encyclopedia Americana*. International ed.). 10: 551. Danbury: Grolier Incorporated.
- Spinney, L. (1999). A dangerous age. *New Scientist*. 25 (September), 14-20.
- Taitz, L. (2001, March 4). Be afraid, be very afraid. *Sunday Times Insight: South Africa*, p. 13.
- Udosen, R. (2005). *Traditional practices and values considered inimical to the prevention and control of HIV/AIDS in Akwa Ibom State. Unpublished Monograph produced by Information and Communication Specialist, Akwa Ibom State Action Committee on HIV/AIDS 4/05/2005.*

- United Nations News Centre (2005). World Population Day: “Equality empowers”. Xinhua General News Services. Prensa Latina, UN. News Centre.
- United Nations AIDS, UNAIDS, (2004). Focus HIV and young people: The threat for today’s youth. 1-9. Retrieved on 03-03-2006 from: [http://www.unaids.org/bangkok2004/GAR2004\\_html/GAR2004\\_07\\_en.htm](http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_07_en.htm).
- Willis, R. J. B. (2002). The AIDS Pandemic. England: The Stanborough Press.